

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1352

63-042916

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 2 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Buchanan	b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph, Missouri	a. STATE Illinois b. COUNTY Hancock	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Meth. Hosp. & Med. Center	Length of stay in lb 1 day	c. CITY OR TOWN Dallas City	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS In Town	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last ERNEST ALBERT BROWN		Month Day Year November 19, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Laborer		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe Railroad	9. AGE (last birthday) 60
11a. FATHER'S NAME Melvin Brown		11b. MOTHER'S MAIDEN NAME Cordelia Ludington	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13b. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE Hazel Brown
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		16. FISHER FUNERAL HOME - DALLAS CITY, ILL.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11.19.63 to 11.19.63 and last saw her alive on 11.19.63		Death occurred at 2:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J.H. Ryan, M.D.	22b. ADDRESS St. Joseph, Mo	22c. DATE SIGNED 11.21.63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 20, 1963	23c. NAME OF CEMETERY OR CREMATORY Fisher Funeral Home	23d. LOCATION (City, town, or county) (State) Dallas City, Illinois
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 26, 1963	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell

DOCUMENT

J.H. Ryan, M.D.

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

15117

28120

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Permit issued 11-20-63

JAN 17 1964
DEC 12 1963
DEC 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert B. Harrington

Licensed Embalmer No. 3268

P. O. Address H. Joseph, Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.